

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027911

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 12**FILED AUG 8 1962**

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wisconsin b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tipton		c. CITY OR TOWN Watertown	
Length of stay in 1b 24 Hours		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bixler Motel		d. STREET ADDRESS (If outside, give location) 329 Concord Avenue	
3. NAME OF DECEASED (Type or print) First Arthur Middle E. Schultz Last		4. DATE OF DEATH Month July Day 29 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/6/1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Organizer		10b. KIND OF BUSINESS OR INDUSTRY Boot & Shoe Union	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Schmutzler Funeral Home-Watertown, Wisc.		14. NAME OF HUSBAND OR WIFE Rose Schultz	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Watertown, Wisconsin	
21. I attended the deceased from dead when first seen and last saw him alive on 11 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____		22a. SIGNATURE (Degree or title) Kenyon Latham M.D. Coroner California, Mo.	
22b. ADDRESS Watertown, Wisconsin		22c. DATE SIGNED 7-30-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 31, 1962	
23c. NAME OF CEMETERY OR CREMATORY Jewell E. Richards--Tipton, Missouri		23d. LOCATION (City, town, or county) (State) Watertown, Wisconsin	
24. FUNERAL DIRECTOR Jewell E. Richards--Tipton, Missouri		25. DATE RECD. BY LOCAL REG. Aug. 2-1962	
26. REGISTRAR'S SIGNATURE Mrs. Maude Hudson			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/591 06202 84803 24 05 1

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12 91-313 2-0

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jamess E. Richards

Licensed Embalmer No. 2466

P. O. Address

Lipton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.